FORM D

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2004

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 8

SEC 1972 (6-02)

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			A. BASIC I	DENTIFICATION DAT	(A	eli
2. 1	Enter the information re	equested for the		<u> Marie de Marie de la compagnió de la compagn</u>	***	
	Each promoter of	the issuer, if the	issuer has been organize	d within the past five year	s;	
•	Each beneficial ov the issuer,	vner having the	power to vote or dispose	, or direct the vote or disp	osition of, 10%	or more of a class of equity securities of
•	Each executive of	ficer and director	r of corporate issuers and	l of corporate general and	managing partn	ers of partnership issuers; and
•	Each general and i	managing partne	r of partnership issuers.			
	ek Box(es) that Apply: neral Partner	Promoter	Beneficial Owner	Executive Officer	Director	★General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Bed	ford Oak Managen	ent, LLC		<u> </u>		
			d Street, City, State, Zip	Code)		
100	South Bedford Roa	d, Mount Kis	co, NY 10549			
	k Box(es) that Apply: enaging Member of		Beneficial Owner Partner	☐ Executive Officer	☐ Director	★General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Eise	n, Harvey P.					:
Busi	ness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
100	South Bedford Roa	ad, Mount Ki	sco, NY 10549			
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
			-			
Busi	ness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Busi	ness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Chec	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Busi	ness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner

☐ Executive Officer

☐ General and/or

Managing Partner

Managing Partner

Director

			the state			B. INFOR	MATION	ABOUT	OFFERI	NG		is single			1 2
1.	Has the issu	er sold, or	does the i			**					3, =			Yes	. No
Answer also in Appendix, Column 2, if filing under ULOE.															
2. What is the minimum investment that will be accepted from any individual?* (the General Partner may, in its sole discretion reduce the size of a minimum purchase)											\$ <u>1,000,0</u>	000*			
3.	Does the on	ering perii	ші јоші оч	vitership of	a single u	mit:	•••••••	•••••	•••••••	••••••		······································		Yes 🔯	No
	remuneration person or ago than five (5) dealer only.	n for solic gent of a b persons t	itation of proker or description	purchasers ealer regis I are assoc	in connect tered with	tion with a the SEC a	sales of se ind/or with	curities in a state or	the offering states, list	ng. If a pe	erson to be of the bro	e listed is a oker or dea	on or similar an associated aler. If more hat broker or		
Full l	Name (Last i	name first,	if individ	ıal)									, .		
Busir	ess or Resid	lence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)			<u> </u>					
Name	of Associa	ted Broker	or Dealer												
States	in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Pur	hasers			·					
	(Check	"All State	s" or chec	k individu	al States)	•••••••••••		•				•••••••••••		🗆 AI	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	ı	
Full N	lame (Last r	name first,	if individ	ıal)											
Busin	ess or Resid	lence Addı	ress (Num	ber and St	eet, City,	State, Zip	Code)				······································				
Name	of Associat	ted Broker	or Dealer											<u> </u>	·
States	in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	hasers			· · · · · · · · · · · · · · · · · · ·					
(Check "All	States" or	check indi	ividual Sta	tes)	•••••	•••••	••••••	••••••	••••••				🗆 Al	l States
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Full N	iame (Last r	name first,	if individu	ıal)											
Busin	ess or Resid	lence Addr	ess (Numl	per and Str	eet, City,	State, Zip	Code)								
Name	of Associat	ted Broker	or Dealer												
States	in Which P	erson Liste	ed Has So	icited or I	ntends to S	Solicit Purc	chasers								
(Check "All	States" or	check indi	vidual Sta	tes)	•••••••	••••••••	•••••••	•••••					🔲 Al	1 States
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t t	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		· Letter-	
	Type of Security	Aggregate Offering Price	Amount Al Sold	lready
	Debt	\$	\$	
	Debt Equity	\$	\$	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$500,000,000	\$4,691,000	
	Other (Specify)	¢	\$	
		\$500,000,000	\$4,691,000	
	1 0121	\$ <u>200'000'000</u>	\$ 4,051,000	
	Answer also in Appendix, Column 3, if filing under ULOE.			
I I I	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Aggreg Dollar Amo Purchas	ount (
	Accredited Investors	6	\$ <u>4,691,000</u>	
	Non-accredited Investors		_ \$	
	Total (for filings under Rule 504 only)		_ \$	•
	Answer also in Appendix, Column 4, if filing under ULOE.		-	
]	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering	Type of Security	Dollar An Sold	
	Rule 505	•	\$, .
	Regulation A		\$	
			_ \$	
	Rule 504		_ 3	
	Total		_ \$	
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees] \$	
	Printing and Engraving Costs			
	Legal Fees			
	Accounting Fees			
	Engineering Fees		\$	
	Sales Commissions (specify finder's fees separately)		S	
	Other Expenses (identify)			
	Total	1	\$20,000	

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross proce- proposed to be used for each of the purposes shown. purpose is not known, furnish an estimate and check the	If the amount for any ne box to the left of the			
	estimate. The total of the payments listed must eq proceeds to the issuer set forth in response to Part C - C	ual the adjusted gross Question 4.b above.	P D	ayments to Officers, birectors, & Affiliates	Payments to Others
	Salaries and fees	□ \$		\$	
	Purchase of real estate	□ \$		\$	
	Purchase, rental or leasing and installation of machinery	y and equipment	□ \$		\$
	Construction or leasing of plant buildings and facilities		□ \$		\$
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger)	for the assets	□ \$		□ \$
	Repayment of indebtedness				□ \$
	Working capital				
	Other (specify): <u>Investment Capital</u>				
followi	uer has duly caused this notice to be signed by the unde ng signature constitutes an undertaking by the issuer to	RAL SIGNATURE rsigned duly authorized furnish to the U.S. Se	l person. I	nd Exchange Cor	980,000 led under Rule 505, the nmission, upon written
<u> </u>	of its staff, the information furnished by the issuer to any Print or Type)	/ non-accredited investo Signature	r pursuant	Date Date	2) of Rule 502.
	rd Oak Acorn, L.P.	HILL.		9-15-74	-
	of Signer (Print or Type) y P. Eisen	Title of Signer (Print of Managing Member General Partner		ford Oak Man	agement, LLC, the

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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